



National Highway Traffic Safety Administration
U.S. Department of Transportation

Occupant Form

National Motor Vehicle
Crash Causation S...

Primary Sampling Unit # _____

Vehicle Number _____

Sample Year/ Case Number 2 0 0 5 / _____

Enter values in appropriate boxes

1 Age

Enter age _____ yrs _____ mos
9999 Unknown

Occ

Occ

Occ

Occ # _____

Occ # _____

2 Sex

Enter value in space _____

1 Male

2 Female

9999 Unknown

3 Height

Enter Feet/ Inches _____ ' _____ "
9999 Unknown

4 Weight

Enter pounds _____ lbs
9999 Unknown

5 Seat Position

Enter Seat Position _____



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Sample Year/ Case Number 2 0 0 5 / _____

Enter values in appropriate boxes

	Occ	Occ	Occ	Occ # _____	Occ # _____
11	Front row, left position				
12	Front row, center position				
13	Front row, right position				
14	Front row, other (specify) :				
15	Front row, on lap of another occupant				
21	Second row, left position				
22	Second row, center position				
23	Second row, right position				
24	Second row, other position				
25	Second row, on lap of another occupant				
31	Third row, left position				
32	Third row, center position				
33	Third row, right position				
34	Third row, other position				
35	Third row, on lap of another occupant				
41	Fourth row, left position				
42	Fourth row, center position				
43	Fourth row, right position				
44	Fourth row, other position				
45	Fourth row, on lap of another occupant				
51	Fifth row, left position				
52	Fifth row, center position				
53	Fifth row, right position				
54	Fifth row, other position				
55	Fifth row, on lap of another occupant				
96	Other enclosed area				
97	Other unenclosed area				
9999	Unknown				

6 PAR KABCO rating for

this occupant

Fill a single item

- | | | | | | |
|------|-------------------------------|--|--|--|--|
| 1 | O - No injury | | | | |
| 2 | C - Possible injury | | | | |
| 3 | B - Non-incapacitating injury | | | | |
| 4 | A - Incapacitating injury | | | | |
| 5 | K - Killed | | | | |
| 6 | U - Injury, severity unknown | | | | |
| 7 | Died prior to crash | | | | |
| 9999 | Unknown | | | | |



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Primary Sampling Unit # _____

Vehicle Number _____

Sample Year/ Case Number 2005 / _____

Enter values in appropriate boxes

**7 Transported to a
treatment facility from the
scene**

Enter value in space _____

1 Yes

2 No

9999 Unknown

Occ

Occ

Occ

Occ # _____

Occ # _____

8 Occupant's Role

Enter value in space _____

1 Driver

2 Passenger